

FILED NOV 13 1957

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36661

STATE FILE NUMBER

Registration District No. 210

Primary Registration District No. 4322

Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Princeton</u>				c. CITY OR TOWN <u>Princeton</u>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Axtell-Hospital</u>				d. STREET ADDRESS (If outside, give location) <u>College Ave.</u>			
Length of stay in 1b <u>Life</u>				Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>Clarisa</u> First <u>Ann</u> Middle <u>Coyle</u> Last				4. DATE OF DEATH Month <u>II</u> Day <u>-5</u> Year <u>-57</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>II-3-1869</u>	
9. AGE (In years last birthday) <u>88</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Wayne County Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>James B. Ormsby</u>		14. MOTHER'S MAIDEN NAME <u>Lucy Ann Harnocker</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>none</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Esther Miller--Princeton-Mo.</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchial pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>491X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <u>11-2-57</u> , to <u>11-5-57</u> and last saw <u>her</u> alive on <u>11-5-57</u> Death occurred at <u>6:30</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Byron Z. Axtell D.O.</u>		22b. ADDRESS <u>Princeton, Mo.</u>		22c. DATE SIGNED <u>11-7-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>II-7-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Princeton-Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Princeton-Mo.</u>	
24. FUNERAL DIRECTOR <u>Martin Funeral Home-Princeton-Mo.</u> <u>By Grace M. Mastin</u>		25. DATE RECD. BY LOCAL REG. <u>11-7-57</u>		26. REGISTRAR'S SIGNATURE <u>Joe Moss</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, ~~or by~~, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No. 396

P. O. Address Lenoirville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.